

BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. <u>09781492</u>		FILING DATE <u>02/13/01</u>	
CLAIMS							*		*	
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT					
	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1						51			
2		1					52			
3		1					53			
4		1					54			
5		1					55			
6		1					56			
7		1					57			
8	1						58			
9		1					59			
10		1					60			
11		1					61			
12		1					62			
13	1						63			
14		1					64			
15		1					65			
16		1					66			
17		1					67			
18		1					68			
19		1					69			
20		1					70			
21		1					71			
22		1					72			
23		1					73			
24	1						74			
25		1					75			
26		1					76			
27		1					77			
28		1					78			
29		1					79			
30		1					80			
31		1					81			
32							82			
33							83			
34							84			
35							85			
36							86			
37							87			
38							88			
39							89			
40							90			
41							91			
42							92			
43							93			
44							94			
45							95			
46							96			
47							97			
48							98			
49							99			
50							100			
TOTAL IND.	5						TOTAL IND.			
TOTAL DEP.	26						TOTAL DEP.			
TOTAL CLAIMS	3						TOTAL CLAIMS			